IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER, Governor
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May 7, 2007

Joyce Jones Thompson, Administrator
Butte View Manor
481 East Idaho Boulevard
Emmett, ID 83617

Dear Ms. Jones Thompson:

On April 30, 2007, a life safety code survey was conducted at Butte View Manor. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R851	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2007

NAME OF PROVIDER OR SUPPLIER **BUTTE VIEW MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **481 EAST IDAHO BOULEVARD** **EMMETT, ID 83617**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on April 30, 2007. The surveyor conducting the survey was: Chris Laumann Health Facility Surveyor Facility Fire Safety & Construction	R 000		

Bureau of Facility Standards

	TITLE	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM   6899   9SH721   If continuation sheet 1 of 1